MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/564617 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS														
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™AMENDMENT	
<u></u>	IND.	DEP.	、IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	40							TOTAL CLAIMS				7		
PTO - 136	(REV. 11/04)		1,000		186				U.	S. DEPARTM tent and Trad	ENT of COM	IMERCE		
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